

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
MINUTES
DECEMBER 1, 2010

TIME AND PLACE: The meeting of the Committee of Joint Boards of Nursing and Medicine and Advisory Committee of the Joint Boards of Nursing and Medicine was convened at 9:17 A.M, in Conference Board Room 4, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Patricia M. Selig, R.N., F.N.P., Ph.D., Chairperson
Wayne Reynolds, D.O., Board of Medicine
Louise D. Hartz, Citizen Member, Board of Nursing
Allison Gregory, R.N., L.N.P., Board of Nursing

ADVISORY COMMITTEE
MEMBERS PRESENT: Peter Boling, M.D.
Mary Duggan, M.S., ACNP-BC
Carola Bruflat, M.S.N., WHNP/FNP
Barbara Kirkland, R.N., L.N.P.
Tom Watters, R.N., C.R.N.A.

ADVISORY COMMITTEE
MEMBERS ABSENT: Jennifer L. Bennett, M.D.
Steven B. Powers, M.D.
Chip Williams, M.D.

STAFF PRESENT: Jay P. Douglas, R.N., M.S.M., C.S.A.C., Executive Director
Gloria D. Mitchell, R.N., M.S.N., M.B.A., Deputy Executive Director
Charlotte Creed, Office Manager
Krystal Blanton, Senior Discipline Specialist

OTHERS PRESENT: Howard Casway, Senior Assistant Attorney General
Tina Jadhav, Intern with the Attorney General's Office
W. Scott Johnson, Hancock, Daniel, Johnson and Nagel, P.C.
Michele Satterlund, Virginia Council of Nurse Practitioners

ESTABLISHMENT OF
A QUORUM: Dr. Selig announced that due to Dr. Hahn and Dr. Francisco's absence, Ms. Gregory and Ms. Hartz had been appointed for this meeting. With four (4) members of the Committee present, a quorum was established.

ORDERING OF The agenda was reviewed and ordered.

AGENDA:

PUBLIC COMMENT:

No public comments were received at this time.

DISPOSITION OF
MINUTES:

Ms. Douglas stated that the minutes of June 16, 2010 were provided for review and historical perspective.

Ms. Hartz moved to accept the minutes of October 13, 2010 with amendments.

OLD BUSINESS:

Standard of Care Statistics for Nurse Practitioners v. Physicians

In response to a request from Dr. Boling, Ms. Mitchell advised the Committee that there are currently 32,707 physicians and 6,053 nurse practitioners licensed in Virginia. 1,064 standard of care cases, 3.25%, were open and adjudicated for physicians. 67 standard of care cases, 1.1 percent, for nurse practitioners were opened and adjudicated.

NEW BUSINESS:

Health Care Workforce Data Center Update

A news release from the Virginia Department of Health on November 18, 2010, reported that Virginia was the only state in the nation to receive a \$1.93 million grant to support workforce analysis. Dr. Selig asked that staff seek information in regards to nursing participation on the Advisor Board noted in the press release.

The nurse practitioner workforce group conducted a beta survey regarding licensure renewal. The Virginia Council of Nurse Practitioners tested the 30-40 question survey on November 11, 2010. The survey only required minor changes.

The survey captured data from military nurses stationed in Virginia, including active duty NP, contract NP, and civilian NP.

Dr. Boling, M.D., generated discussion regarding the healthcare reform legislation. Specifically, the newly insured patient population would be too much for medical community to absorb. Should the Board anticipate this in regards to the supervisory relationship between physicians and nurse practitioners? Dr. Boling noted there was not much consensus in VA currently.

Ms. Duggan stated that she participated in Virginia Health Care Reform Initiative meetings which discussed the scope of practice for nurse practitioners, how to remove barriers, and laws that need to be changed. Ms. Duggan's recommended that nurse practitioner's and physicians negotiate meaningful ways to remove barriers and compromise.

Discussion was generated regarding nurse practitioner's in Virginia compared to other states that do not require physician supervision which show no standard of care issues.

Virginia is one of 11 states that require nurse practitioner supervision. 15 states do not require a formal relationship between nurse practitioner's and physicians; nurse practitioner's can consult a physician as necessary.

Virginia is 1 of 7 states that are still regulated by a joint committee.

Dr. Boling asked whether the loss of a collaborative structure between nurse practitioner's and physicians would result in losing something in the process. Dr. Boling discussed maintaining the quality of care to the patient population.

Mr. Watters stated that opt out of physician supervision of certified registered nurse anesthetists function very well in some states. Ms. Kirkland suggested that Virginia already had experienced certified nurse midwives practicing collaboratively and that data on this should be collected and used for future planning.

Institute of Medicine Initiative on Future of Nursing:

October 2010 report discussed following:

- "Nurses should practice to the full extent of their education and training."
- "Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression."
- "Nurses should be full partners, with physicians and other health care
- professionals, in redesigning health care in the United States."
- "Effective workforce planning and policy making require better data collection and an improved information infrastructure."

Eight recommendations:

- "Remove scope of practice barriers."
- "Expand opportunities for nurses to lead and diffuse collaborative improvement efforts."
- "Implement nurse residency programs."
- "Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2010."
- "Double the number of nurses with a doctorate by 2020."
- "Ensure that nurses engage in lifelong learning."
- "Prepare and enable nurses to lead change to advance health."
- "Build an infrastructure for the collection and analysis of interprofessional health care workforce data."

The Institute of Medicine will be meeting today, 12/1/10, to talk about implementation plans.

Recommendation made for regions to appoint advisory committees with strong emphasis on broader range of participants.

Ms Douglas noted that a Virginia chapter of The Association of Clinical Nurse Specialists had formed and that clinical nurse specialists want more official recognition as advance practice nurses.

Consideration of Nurse Practitioners Signing Death Certificates:

Ms. Douglas provided the committee with draft legislation regarding the requirements for signed death certificates.

“In the absence of such physician or with his approval, the certificate may be completed and signed by a physician employed or engaged by the physicians professional practice entity, a nurse practitioner or physician assistant supervised by such physician, the chief medical officer of the institution in which death occurred, a physician who specializes in the delivery of health care to hospitalized or emergency department patients and who is employed or engaged by the facility where the death occurred, or the physician who performed an autopsy upon the decedent, if such individual has access to the medical history of the case and death is due to natural causes.”

Discussion – current law is inconsistent with actual practice regarding deaths that occur outside of the hospital setting. Physicians have received education on how to approach death certificates. However, NP’s have not received such training.

5 years ago a training model was developed to train physicians on filling out death certificates.

Committee discussed its desire to follow up on availability of training on this matter.

Training should be included in school curriculum.

Prescription Monitoring Program Update

October 1, 2009 PMP provided online 24/7 access with auto-response software.

PMP requests have increased from 75,000 to over 375,000 from 2009 to present.

The PMP database holds over 55 million prescriptions which prescribes and pharmacists use to make decisions regarding treatment and dispensing.

Consideration of Nominations for Members of the Advisory Board

Pursuant to regulations, the advisory committee shall be comprised of four licensed physicians, four nurse practitioners, of whom one shall be a certified nurse midwife, one shall be a certified registered nurse anesthetist and two shall be nurse practitioners from other categories.

Appointments to the advisory committee shall be for four years; members may be appointed for one additional four year period.

4 positions are currently vacant.

The areas of expertise needed are OBGYN and anesthesia.

Technology for the efficiency of meetings was discussed. For an advisory member to be available by telephone would provide better representation of those in other areas.

Ms. Douglas requested that Board counsel assess the ability for advisory members to participate by telephone.

The committee reviewed resumes and expressions of interest from 13 physicians recommended by the Virginia Council of Nurse Practitioners and the Medical Society of Virginia.

The following individuals were nominated:

- Carlton D. Everhart, MD, FAAFP
- Ranjit R. Pullarkat, MD
- Thomas N. Pajewski, MD, PhD
- Joseph F. Borzelleca, MD, MPH

Ms. Hartz moved that the Committee of the Joint Boards of Nursing and Medicine support the above Advisory Board nominees.
The motion was seconded and carried unanimously.

The Board identified the following individuals to serve as alternative nominees:

- John Cook, III, MD, FACP
- Corbin Eissler, MD

Dr. Reynolds moved that the Committee of the Joint Boards of Nursing and Medicine support the above alternate Advisory Board nominees in the event that one of the four MD's nominees are not able to serve.
The motion was seconded and carried unanimously.

Meeting Dates:

The next meeting date will be Wednesday, February 16, 2011.

RECESS: The business meeting concluded at 10:55 a.m. The Committee recessed until 11:11 a.m. for consideration of an agency subordinate recommendation and consent orders.

RECONVENTION: The Committee reconvened at 11:19 a.m.

Consideration of Agency Subordinate Recommendation and Consent Order:

CLOSED MEETING: Ms. Hartz moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:11 a.m., for the purpose of consideration of an agency subordinate recommendation and consent orders. Additionally, Ms. Hartz moved that Ms. Douglas, Ms. Mitchell, Mr. Casway, and Ms. Blanton attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations.

The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:19 a.m.

Ms. Hartz moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

The motion was seconded and carried unanimously.

Patricia McFadden, R.N., L.N.P. – 0024-168001

Dr. Reynolds moved that the Committee of the Joint Boards of Nursing and Medicine accept the agency subordinate's recommendation to reprimand Ms. McFadden and require Ms. McFadden to remain in compliance with the terms and conditions of the Health Practitioners' Monitoring Program.

The motion was seconded and carried unanimously.

Robyn Saavedra, R.N., L.N.P. – 0001-158045; 0024-167256

Dr. Reynolds moved that the Committee of the Joint Boards of Nursing and Medicine accept the Consent Order which reprimands Ms. Saavedra and indefinitely suspends Ms. Saavedra's nurse practitioner license and prescriptive authority license.

The motion was seconded and carried unanimously.

Jacquelyn W. Carrier, R.N., L.N.P. 0001-108539; 0024-108539

Dr. Reynolds moved that the Committee of the Joint Boards of Nursing and Medicine accept the consent order which reprimands Ms. Carrier and indefinitely suspends Ms. Carrier's license as a nurse practitioner in the Commonwealth of Virginia. The Suspension shall be stayed, subject to certain terms and conditions, upon proof of Ms. Carrier's entry into the Health Practitioners' Monitoring Program.

The motion was seconded and carried unanimously.

ADJOURNMENT:

The meeting adjourned at 11:23 A.M.

Jay P. Douglas, R.N., M.S.M., C.S.A.C.
Executive Director, Board of Nursing